## Case 14-12029-abl Doc 5 Entered 03/27/14 06:13:29 Page 1 of 7

B 22C (Official Form 22C) (Chapter 13) (04/13)

In re	SCOTT L TUCKER	According to the calculations required by this statement:
	Debtor(s)	☐ The applicable commitment period is 3 years.
Case N		■ The applicable commitment period is 5 years.
	(If known)	■ Disposable income is determined under § 1325(b)(3).
		☐ Disposable income is not determined under § 1325(b)(3).
		(Check the boxes as directed in Lines 17 and 23 of this statement.)

## CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Par	t I. Rl	EPORT OF INC	COM	E			
1	a. Unmarried.	ttus. Check the box that applies a Complete only Column A ("Deb omplete both Column A ("Debto	otor's l	Income'') for Li	nes 2	2-10.			
	All figures must recalendar months put the filing. If the a	eflect average monthly income re orior to filing the bankruptcy case amount of monthly income varied y six, and enter the result on the a	ceived , endir during	from all sources ag on the last day g the six months,	, der of tl	ived during the six ne month before	(	Column A  Debtor's Income	Column B Spouse's Income
2	Gross wages, sala	ary, tips, bonuses, overtime, con	nmissi	ons.			\$	0.00	\$
3	enter the difference profession or farm	operation of a business, profess ce in the appropriate column(s) of n, enter aggregate numbers and progress. Do not include any part of art IV.	Line (	3. If you operate details on an atta	more chm	e than one business ent. Do not enter a	,		
				Debtor		Spouse	<u> </u>		
	a. Gross received b. Ordinary a	nd necessary business expenses	\$	0.00			-		
	c. Business in	, i		act Line b from		a	<b> </b>  \$	0.00	\$
4	a. Gross receb. Ordinary a	real property income. Subtract in clumn(s) of Line 4. Do not enter ting expenses entered on Line builts  into a continuous continuou	a numb	oer less than zero	). Do t IV. \$ \$	Spouse	\$	0.00	\$
5	Interest, dividend	ds, and royalties.					\$	0.00	\$
6	Pension and retin	rement income.					\$	0.00	\$
7	<b>expenses of the d purpose.</b> Do not debtor's spouse. E	d by another person or entity, or ebtor or the debtor's dependent include alimony or separate main each regular payment should be reA, do not report that payment in O	ts, inclutenance eported	uding child sup the payments or and the in only one colu	<b>port</b> moun	paid for that its paid by the	\$	0.00	\$
		ompensation. Enter the amount i							
8	However, if you contains benefit under the or B, but instead s	sontend that unemployment comp Social Security Act, do not list the state the amount in the space belo compensation claimed to	e amoi				1		

9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.		
	a. Ind. K Work with Turbo Ent. Spouse \$ 8,333.33 \$		
		8,333.33	\$
10	<b>Subtotal.</b> Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).	8,333.33	\$
11	<b>Total.</b> If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.		8,333.33
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOR	)	
12	Enter the amount from Line 11	\$	8,333.33
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spenter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis the household expenses of you or your dependents and specify, in the lines below, the basis for excluding thi income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustn on a separate page. If the conditions for entering this adjustment do not apply, enter zero.    A	oouse, s for s or the	
	Total and enter on Line 13	\$	0.00
14	Subtract Line 13 from Line 12 and enter the result.	\$	8,333.33
15	<b>Annualized current monthly income for § 1325(b)(4).</b> Multiply the amount from Line 14 by the number 1 enter the result.	2 and \$	99,999.96
16	<b>Applicable median family income.</b> Enter the median family income for applicable state and household size. information is available by family size at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	(This	
	a. Enter debtor's state of residence: NV b. Enter debtor's household size: 3	\$	55,349.00
17	<ul> <li>Application of § 1325(b)(4). Check the applicable box and proceed as directed.</li> <li>□ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commit top of page 1 of this statement and continue with this statement.</li> <li>■ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable comat the top of page 1 of this statement and continue with this statement.</li> </ul>	nmitment p	•
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCO	ME	
18	Enter the amount from Line 11.	\$	8,333.33
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(supayment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.    a.	the ach as	
	Total and enter on Line 19.	\$	0.00
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$	8,333.33

21		alized current monthly inc	ome for § 1325(b)(3).	Multip	ply the a	mount from Line 2	20 by the number 12 and	\$	99,999.96
22	Applic	cable median family incom	e. Enter the amount fro	m Lin	ne 16.			\$	55,349.00
	Applic	cation of § 1325(b)(3). Che	ck the applicable box as	nd pro	oceed as	directed.			
23		e amount on Line 21 is mo 25(b)(3)" at the top of page						nined 1	under §
		e amount on Line 21 is not 25(b)(3)" at the top of page							
		Part IV. C	ALCULATION (	OF I	DEDU	CTIONS FR	OM INCOME		
		Subpart A: Do	eductions under Sta	ndar	ds of th	e Internal Reve	enue Service (IRS)		
24A	Enter i applica bankru	nal Standards: food, appar in Line 24A the "Total" amo able number of persons. (T aptcy court.) The applicable ir federal income tax return.	ount from IRS National his information is availant number of persons is the	Standable ar	lards for t <u>www.u</u> nber tha	Allowable Living sdoj.gov/ust/ or fr	Expenses for the om the clerk of the be allowed as exemptions	\$	1,234.00
24B	Out-of Out-of www.u who ar older. be allo you su Line c	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.							
	Perso	ons under 65 years of age		Pers	sons 65 y	ears of age or old	der		
	a1.	Allowance per person	60	a2.	Allowa	ince per person	144		
	b1.	Number of persons	3	b2.	Numbe	er of persons	0		
	c1.	Subtotal	180.00	c2.	Subtot	al	0.00	\$	180.00
25A	Utilitie availab the nur	Standards: housing and uses Standards; non-mortgage ble at www.usdoj.gov/ust/omber that would currently buditional dependents whom	expenses for the applic r from the clerk of the be allowed as exemption	able c ankru	county an aptcy con	nd family size. (Tart). The applicabl	his information is e family size consists of	\$	550.00
25B	Housing available the number any addebts s	Standards: housing and ung and Utilities Standards; is pole at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> on the would currently be ditional dependents whom secured by your home, as stater an amount less than zero.	mortgage/rent expense f r from the clerk of the b e allowed as exemption you support); enter on I ated in Line 47; subtrac	or you cankrus on y Line b	ur county uptcy cou your fede the total	y and family size ( art) (the applicable aral income tax ret of the Average M	this information is e family size consists of turn, plus the number of Monthly Payments for any		
	a.	IRS Housing and Utilities				\$	1,591.00		
		Average Monthly Payment home, if any, as stated in L	ine 47	y you	ır	\$	1,848.14		
	c.	Net mortgage/rental expens	se			Subtract Line b fi	rom Line a.	\$	0.00
26	25B do Standa	Standards: housing and uppers not accurately compute ards, enter any additional and tion in the space below:	the allowance to which	you a	re entitle	ed under the IRS I	Housing and Utilities		
								\$	0.00

	Local Standards: transportation; vehicle operation/public transportation expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation.		
	Check the number of vehicles for which you pay the operating expens		
27A	included as a contribution to your household expenses in Line 7. $\square$ (	) ■ 1 □ 2 or more.	
	If you checked 0, enter on Line 27A the "Public Transportation" amo Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the	e "Operating Costs" amount from IRS Local	
	Census Region. (These amounts are available at www.usdoj.gov/ust/		\$ 236.00
27B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public To Standards: Transportation. (This amount is available at <a href="www.usdoj.gr.court.">www.usdoj.gr.court.</a> )	you are entitled to an additional deduction for ransportation" amount from the IRS Local	\$ 0.00
	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owner vehicles.) ■ 1 □ 2 or more.		
28	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 1, as stated in Lithe result in Line 28. <b>Do not enter an amount less than zero.</b>	court); enter in Line b the total of the Average	
	a. IRS Transportation Standards, Ownership Costs	\$ 517.00	
	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$ 776.00	
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$ 0.00
29	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in Lithe result in Line 29. <b>Do not enter an amount less than zero.</b>		
	a. IRS Transportation Standards, Ownership Costs	\$ 0.00	
	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$ 0.00	
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$ 0.00
30	Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale	come taxes, self employment taxes, social	\$ 0.00
31	Other Necessary Expenses: involuntary deductions for employme deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volu	retirement contributions, union dues, and	\$ 0.00
32	Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.		\$ 0.00
33	Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.		\$ 3,110.00
34	Other Necessary Expenses: education for employment or for a ph the total average monthly amount that you actually expend for educat education that is required for a physically or mentally challenged dep providing similar services is available.	ion that is a condition of employment and for	\$ 0.00
25	Other Necessary Expenses: childcare. Enter the total average mont	thly amount that you actually expend on	
35	childcare - such as baby-sitting, day care, nursery and preschool. <b>Do</b>		\$ 0.00

36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.	\$	0.00
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$	0.00
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$	5,310.00
	Subpart B: Additional Living Expense Deductions		
	Note: Do not include any expenses that you have listed in Lines 24-37		
	<b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.		
39	a. Health Insurance \$ 300.00		
	b. Disability Insurance \$ 0.00		
	c. Health Savings Account \$ 0.00	_	
	Total and enter on Line 39	\$	300.00
	<b>If you do not actually expend this total amount,</b> state your actual total average monthly expenditures in the space below:		
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.	\$	0.00
41	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$	0.00
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$	0.00
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$	156.25
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$	0.00
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.	\$	0.00
		\$	456.25

			Subpart C: Deductions for De	bt 1	Payment			
47	ow che scl cas	vn, list the name of creditor, identi- eck whether the payment includes heduled as contractually due to ea	is. For each of your debts that is secured if y the property securing the debt, state to taxes or insurance. The Average Month ch Secured Creditor in the 60 months for stadditional entries on a separate page.	he A ly P llow	verage Monthly ayment is the tot ving the filing of	Payment, and tal of all amounts the bankruptcy		
		Name of Creditor	Property Securing the Debt		Average Monthly Payment	Does payment include taxes or insurance		·
		Gmac Automotive a. Bank/Ally	2009 GMC Yukon (90k mi)	\$	776.00	□yes ■no		
		Green Valley Ranch Community Assc.	Location: 2285 Coral Ridge Ave, Henderson NV 89052	\$	50.00	■yes □no		
		c. Mortgage Service Cente	Location: 2285 Coral Ridge Ave, Henderson NV 89052	\$	1,583.14	■yes □no		
		d. Valley Ranch Owners	Location: 2285 Coral Ridge Ave, Henderson NV 89052	\$	215.00 otal: Add Lines	□yes ■no	\$	2,624.14
48	yo pa sur	otor vehicle, or other property nec our deduction 1/60th of any amour syments listed in Line 47, in order ms in default that must be paid in	For If any of debts listed in Line 47 are selessary for your support or the support of the "cure amount") that you must pay to maintain possession of the property. To order to avoid repossession or foreclosus that additional entries on a separate page.	cure you the The	d by your prima or dependents, you creditor in addit cure amount wo	ou may include in ion to the uld include any	Ψ	2,024.14
		Name of Creditor	Property Securing the Debt		1/60th of t	the Cure Amount		
		a. Mortgage Service Cente	Location: 2285 Coral Ridge Av	e,	\$	517.71		
	-	a. Wortgage Service Cente	Henderson NV 89052			Total: Add Lines	\$	517.71
49	pri no	iority tax, child support and alimo t include current obligations, su		he ti	ime of your bank	kruptcy filing. <b>Do</b>	\$	310.09
		sulting administrative expense.	es. Multiply the amount in Line a by the	amo	unt in Line b, ai	nd enter the		
50	a.	. Current multiplier for your issued by the Executive Off	Chapter 13 plan payment. district as determined under schedules fice for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of	\$ x		10.00		
	c.	. Average monthly administra	ative expense of chapter 13 case	To	otal: Multiply Lii	nes a and b	\$	0.00
51	To	otal Deductions for Debt Paymen	<b>nt.</b> Enter the total of Lines 47 through 5	0.			\$	3,451.94
			Subpart D: Total Deductions f	ron	1 Income			
52	To	otal of all deductions from incom	<b>ne.</b> Enter the total of Lines 38, 46, and 5	1.			\$	9,218.19
		Part V. DETERM	INATION OF DISPOSABLE I	NC	OME UNDI	ER § 1325(b)(2	)	
53	To	otal current monthly income. En	nter the amount from Line 20.				\$	8,333.33
54	pa	yments for a dependent child, rep	y average of any child support payments orted in Part I, that you received in accourt to be expended for such child.				\$	0.00
55	wa		Enter the monthly total of (a) all amount retirement plans, as specified in § 541(b) ified in § 362(b)(19).				\$	0.00
1	1	otal of all deductions allowed un						9,218.19

	If necessary, list additional entries on a separate page. Tot provide your case trustee with documentation of these of the special circumstances that make such expense ne	expenses and you must provide a detailed explanation	
57	Nature of special circumstances	Amount of Expense	
	a.	\$	
	b.	\$	
	c.	\$	
		Total: Add Lines \$	0.00
58	<b>Total adjustments to determine disposable income.</b> Adresult.		9,218.19
59	Monthly Disposable Income Under § 1325(b)(2). Subtr	act Line 58 from Line 53 and enter the result.	-884.86
	Part VI. ADDITIO	ONAL EXPENSE CLAIMS	
	of you and your family and that you contend should be an	not otherwise stated in this form, that are required for the health and vadditional deduction from your current monthly income under §	welfare
	707(b)(2)(A)(ii)(I). If necessary, list additional sources of each item. Total the expenses.	a a separate page. All figures should reflect your average monthly expenses	ense for
60			ense for
60	each item. Total the expenses.	a separate page. All figures should reflect your average monthly exposed as separate page. Monthly Amount	ense for
60	each item. Total the expenses.  Expense Description	Monthly Amount  \$ \$\$	ense for
60	each item. Total the expenses.  Expense Description a. b. c.	Monthly Amount  \$ \$ \$ \$ \$ \$ \$ \$	ense for
60	each item. Total the expenses.  Expense Description a. b. c. d.	Monthly Amount  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ense for
60	each item. Total the expenses.  Expense Description a. b. c. d.	Monthly Amount  \$ \$ \$ \$ \$ \$ \$ \$	ense for
60	each item. Total the expenses.  Expense Description a. b. c. d. Total: Add	Monthly Amount  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ense for
60	each item. Total the expenses.  Expense Description a. b. c. d. Total: Add  Part VI  I declare under penalty of perjury that the information pro-	Monthly Amount  S  S  S  Lines a, b, c and d	
	each item. Total the expenses.    Expense Description   a.   b.     c.     d.     Total: Add    Part VI   I declare under penalty of perjury that the information promust sign.)	Monthly Amount    Monthly Amount	
60	each item. Total the expenses.    Expense Description   a.   b.     c.     d.     Total: Add    Part VI   I declare under penalty of perjury that the information promust sign.)	Monthly Amount  S S Lines a, b, c and d  VERIFICATION	